

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Kresten Krarup

2. Surname (Last Name)
Keller

3. Date
11-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnostik og behandling af ANCA-associeret vaskulit

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ellen Margrethe	2. Surname (Last Name) Hauge	3. Date 19-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kresten Krarup Keller
5. Manuscript Title Diagnostik og behandling af ANCA-associeret vaskulit		
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1. Given Name (First Name) Berit Dalsgaard	2. Surname (Last Name) Nielsen	3. Date 19-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kresten Krarup Keller
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Ib Tønder

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Hansen

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Corresponding Author's Name

Kresten Krarup Keller

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